POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			b-14.00

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim		Date							Claim		Date							Claim		Date						
Final	Original								Final	Original									Final	Original							
										51										101							
										52										102							
										53										103							
										54										104							
										55										105							
	6									56										106							
	7									57										107							
	8									58										108							
										59										109							
	10									60										110							
	11									61										111							
	12									62										112							
	13									63										113							
	14									64										114							
	15									65										115							
	16									66										116							
	17									67										117							
	18									68										118							
	19									69										119							
	20									70										120							
	21									71										121							
	22									72										122							
	23									73										123							
	24									74										124							
	25									75										125							
	26									76										126							
	27									77										127							
	28									78										128							
	29									79										129							
	30									80										130							
	31									81										131							
	32									82										132							
	33									83										133							
	34									84										134							
	35									85										135							
	36									86										136							
	37									87										137							
	38									88										138							
	39									89										139							
	40									90										140							
	41									91										141							
	42									92										142							
	43									93										143							
	44									94										144							
	45									95										145							
	46									96										146							
	47									97										147							
	48									98										148							
	49									99										149							
	50									100										150							

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Form PTO-4
(Rev. 6/99)